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CALIFORNIA STATE BOARD OF HEALTH

Weekly



Bulletin

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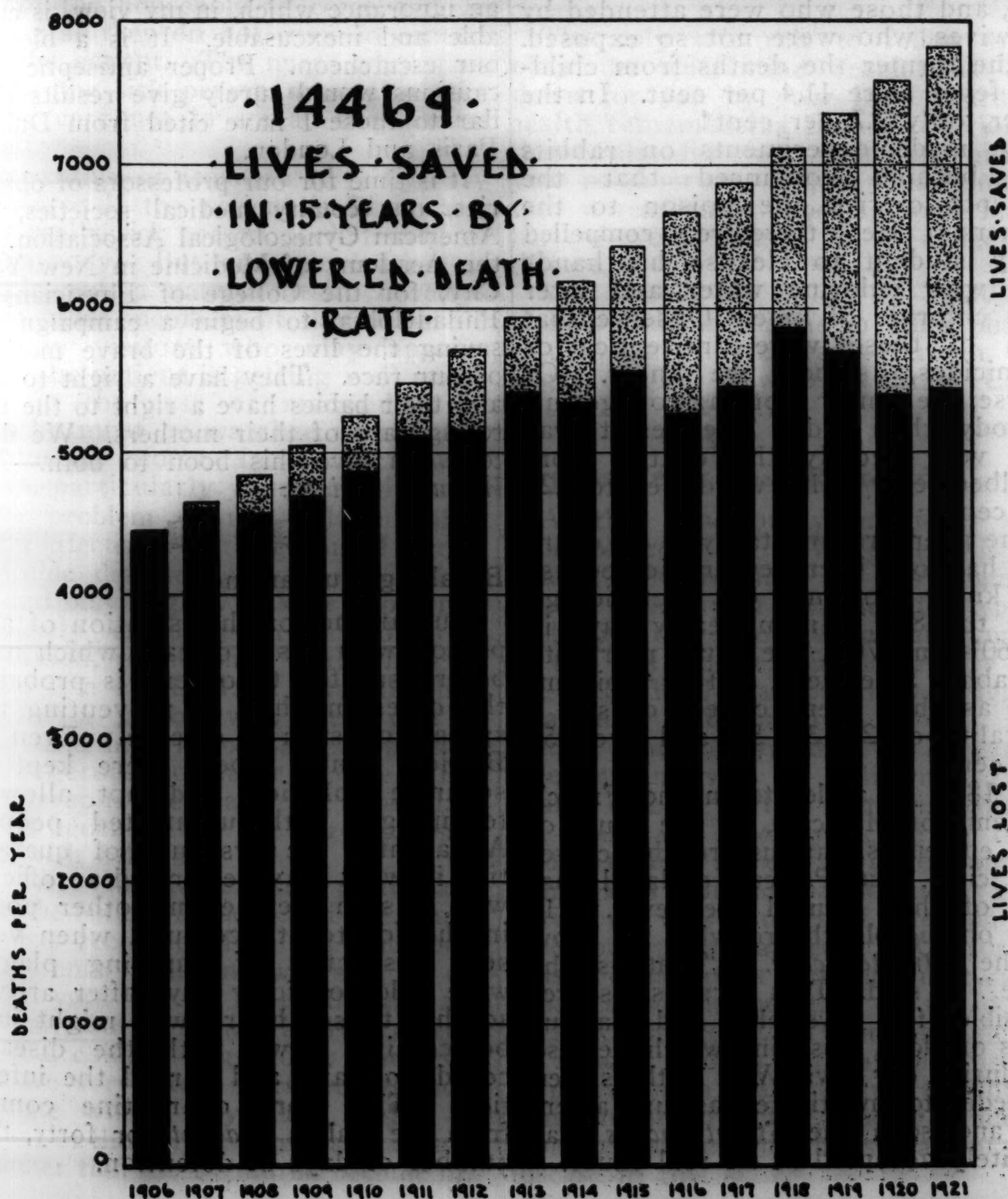
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GUY P. JONES
EDITOR

REDUCTION IN TUBERCULOSIS MORTALITY IN CALIFORNIA, 1906-1921.



CALIFORNIA STATE BOARD OF HEALTH.

A SURGEON'S ANSWER.

By W. W. KEEN, M.D.

The true history of the conquest of childbed fever is as follows:

In February, 1843, Dr. Oliver Wendell Holmes showed conclusively that puerperal or childbed fever was contagious and that the doctors and nurses carried the disease from the sick woman to the well. This started a violent controversy, the embers of which were still red-hot when I began the study of medicine seventeen years later.

In 1846, Semmelweiss of Vienna was struck with the different rates of mortality from this fever in those women who were attended in child birth by medical students who, naturally, were often working in the dissecting room and brought into connection with other sources of contamination, and those who were attended by midwives who were not so exposed. In the former the deaths from childbed fever were 11.4 per cent. In the latter, only 2.7 per cent!

He made experiments on rabbits and became convinced that the students carried the poison to the mothers. He, therefore, compelled every student to cleanse his hands first with chlorine water and later with chloride of lime. Observe that both of these were antiseptics or germicides, as now we know. Of course, he knew nothing of germs. Nobody then did. The result was that very shortly the deaths from childbed fever in his wards fell to 1.27 per cent!

The puerperal mortality in all countries has long been deplorable because we knew nothing of bacteriology until the 80's. In my early days in the 60's and 70's, the usual mortality was about 5 per cent. Often "epidemics," as they were called, caused a mortality of 20, 30, 50, and even 55 per cent!

In 1879, in a debate in the French Academy of Medicine, on the cause of these epidemics, various probable causes were cited, but Pasteur declared that none of them caused the fever. He drew on the blackboard what we know as the *Streptococcus*. "That is the cause," he said. This germ is also responsible for erysipelas and various forms of blood poisoning which were so rife during our Civil War. Others then proceeded to investigate Pasteur's assertion and soon the *Streptococcus* was definitely accepted as its real cause.

In A. W. W. Lea's "Puerperal Infection," page 24, the results of the application of antiseptics to destroy this deadly germ are given.

In the Rotunda Hospital, Dublin, by adopting Pasteur's and Lister's methods, the mortality was reduced to three in each two thousand cases. In the Baude-lique Clinic in Paris, to 0.09 per cent! Boxall in the York Road Hospital, London, had a record of 8373 consecutive cases without a single death from childbed fever!

The first successful weapon against puerperal fever was obtained by Semmelweiss' experiments on animals, and by his use of antiseptics, but the real cause of the fever was not absolutely known until Pasteur proved it. Then the remedy was clear.

The present mortality from childbed fever is clearly due to the ignorance and the neglect of the attending physicians—an ignorance which, in my view, is culpable and inexcusable. It is a blot on our escutcheon. Proper antiseptic precautions would surely give results similar to those I have cited from Dublin, Paris and London.

It is time for our professors of obstetrics, our county medical societies, the American Gynecological Association, for the Academy of Medicine in New York City, for the College of Physicians in Philadelphia, to begin a campaign for saving the lives of the brave mothers of our race. They have a right to life, and their babies have a right to the fostering care of their mothers. We doctors can give this boon to both.—*The Woman Citizen*.



Breaking Quarantine.

Quarantine, or the isolation of any person who has a disease which may be transmitted to others, is probably the oldest method of preventing the spread of such a disease. Even in Biblical times, lepers were kept in separate colonies, and not allowed to mingle with uninfected people. Apparently the first use of quarantine in what may be termed an official way was in Venice and other ports in the fourteenth century, when vessels suspected of carrying plague were held for forty days after arrival so that those aboard who might just be coming down with the disease could not land and spread the infection. The word quarantine comes from the Italian *quarante* or forty, the number of days of detention.

Most countries still practice quarantine at ports of entry, but the forty day rule is no longer in use. Instead, if the vessel comes from a port where an epidemic is known to exist, or if cases of infectious diseases are found on board, the ship is held for the period of incubation of the disease; that is the usual number of days between exposure and the time of becoming sick. Where no infectious disease is found, the port physicians examine the passengers and if all seem well the vessel is "passed" and the people are allowed to land.

Quarantine in the home is on the same general principle—keeping suspects and those with the disease from mingling with others until there is no danger of spreading the disease. It used to be the practice to quarantine the whole house; today it is the more common practice in most diseases to isolate the patient in his own room and allow adult members of the household to come and go so long as they do not come in contact with the patient. The nurse who takes care of the sick person must also take specific care not to spread the disease herself.

Quarantine or isolation is fairly easy to enforce if the patient is ill in bed, for a really sick person doesn't want to see anybody. But once the patient is convalescent, a natural desire develops to see other members of the household and any visitors who may appear. When the patient is getting well is the time, in the case of many diseases, when he must be watched to see that he doesn't come in contact with others, particularly young children.

The problem of the isolation of a person infected with the germs of a communicable disease, but not confined to bed and only slightly sick or apparently completely cured, is a far different proposition, particularly if the infected person is a child. It is naturally difficult for a person who feels well to understand how he or she can possibly be dangerous to other people. But such persons are really the most dangerous because they are eager to associate with others.

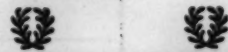
Mothers and fathers are particularly apt to be lenient if the pet of the household has recovered from all symptoms, is apparently well, and wants to go out in the yard for a little sunlight and fresh air, but it should be remembered that if a child is unguarded, other children are very likely to crowd around a playmate whom they have missed on account of illness. It is probably in such a manner that most children become ill.

Quarantine rules and regulations are solely for the purpose of preventing the transmission of the germs of disease from an infected person to a non-infected person. If, for the sake of giving your child more liberty of action, you are the indirect cause of the infection of others through their contact with your child, your health board can hold you responsible for your action. Moreover, although your child may have had a light case, the infection in passing to another child may cause a very serious case and even result in death. Your personal belief that your child is no longer infective is no excuse for taking chances.

The period of isolation for a given disease is based either on actual laboratory tests for the presence of the infectious germ or on the length of time which long experience has shown is necessary for these organisms to disappear.

The only safe rule to follow is to obey the quarantine regulations laid down for you by your local board of health, remembering that if you violate these rules for your own convenience, your neighbor may follow your example, thus unreasonably exposing some member of your family to a dangerous disease.

You should be willing to apply the Golden Rule in this as in other phases of human intercourse.—Herman M. Biggs, M.D., New York State Commissioner of Health.



Typhus Fever Case Reported.

Another case of typhus fever was reported recently. The patient is an elderly man residing in Los Angeles. On the fifth day of his illness the typical rash appeared. Blood examination made at the Los Angeles city laboratory for the Felix-Weil reaction showed agglutination in 1:160 positive.

Mild cases of typhus fever appear at frequent intervals in California. The health officers in the southern part of the state are specially active in their efforts to keep the disease under control. While it is believed that Mexicans constitute the only sources of infection for cases of typhus that occur in California, it is a conspicuous fact that most cases reported within the state do not occur in Mexican people. Typhus is endemic in Mexico and as long as the disease is prevalent in that country, California must maintain active and continuous work in preventing the spread of the disease in this state.

Twenty-nine States Accept Sheppard-Towner Funds.

The legislatures of twenty-nine states, to March 28th, have ratified the acceptance of federal funds for work in child hygiene and maternal welfare.

The Sheppard-Towner act provides for the distribution of federal funds to those states maintaining activities for the promotion of infant and maternal welfare. The acceptance of the funds by the governors and legislatures of the various states is all that is required to secure this assistance. The legislatures of the following states have taken the action necessary to obtain the government subsidy:

Alabama	New Jersey
Arizona	New Mexico
Arkansas	North Carolina
Connecticut	North Dakota
Delaware	Oregon
Georgia	South Carolina
Indiana	South Dakota
Idaho	Tennessee
Kentucky	Texas
Maryland	Utah
Missouri	Virginia
Montana	Washington
Nevada	Wyoming
New Hampshire	

MORBIDITY.*

Smallpox.

Thirteen cases of smallpox have been reported, distributed as follows: Huntington Beach 1, Los Angeles 1, Modesto 2, Porterville 1, San Francisco 3, San Joaquin County 1, Santa Clara County 1, Tehama County 1, Ventura 2.

Typhoid Fever.

Ten cases of typhoid fever have been reported, the reports coming from the following localities: Fresno 1, Eureka 1, Oakland 2, San Francisco 2, San Joaquin County 3, San Luis Obispo County 1.

Cerebrospinal Meningitis.

Pittsburg and Tehama County each reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

Los Angeles and Santa Monica each reported one case of epidemic encephalitis.

Leprosy.

Los Angeles reported one case of leprosy.

Botulism.

Santa Monica reported two cases of botulism.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Mar. 31 received by April 3	Week ending			Reports for week ending April 1 received by April 4
	Mar. 10	Mar. 17	Mar. 24		Mar. 11	Mar. 18	Mar. 25	
Anthrax	0	1	0	0	1	0	0	0
Botulism	0	0	1	2	0	0	0	0
Cerebrospinal Meningitis	3	5	1	2	1	3	1	1
Chickenpox	252	231	282	162	182	195	153	148
Diphtheria	178	151	160	127	160	184	163	151
Dysentery (Bacillary)	0	2	1	0	0	2	0	0
Epidemic Encephalitis	4	8	1	2	2	5	1	4
Gonorrhoea	172	65	89	143	97	52	70	58
Influenza	641	365	424	177	5841	3911	1529	717
Leprosy	1	0	0	1	0	0	2	1
Malaria	2	2	1	1	1	2	3	1
Measles	641	681	733	599	23	15	22	22
Mumps	31	32	43	20	93	110	71	43
Pneumonia	180	176	234	155	310	264	188	126
Poliomyelitis	1	0	0	0	2	0	0	0
Scarlet Fever	218	201	210	172	105	129	142	92
Smallpox	20	22	30	13	58	59	38	40
Syphilis	132	88	107	94	77	93	102	100
Tuberculosis	182	187	141	134	160	211	206	100
Typhoid Fever	6	9	2	10	9	6	8	5
Whooping Cough	138	159	211	130	57	41	44	55
Totals	2802	2386	2671	1944	7179	5282	2743	1664